

L18000246664
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000307723 3))



H180003077233ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH, LLP - JACKSONVILLE
Account Number : 120130000058
Phone : (904) 665-3631
Fax Number : (904) 665-3641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ashcpa5@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEERPARK COMMONS AT 207, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

6/6

2018 OCT 24 11:07

19 OCT 24 AM 11:07

11/11/18

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: DEERPARK COMMONS AT 207, LLC

SECOND: The Florida Document number of the limited liability company is: L18000246664

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect Name of Manager in Article IV.

Article IV - The name and address of person(s) authorized to manage LLC:

M. ASHRAF SHAIKH

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

[Blank lines for correction details]

OR

The electronic transmission of the record was defective.

/s/ Imraan Ansaarie, MD

10/24/2018

Signature of Authorized Representative Imraan Ansaarie, MD Member

Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)